nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 17196
infor state UPA	1. PLACE OF DEATH	(166)
of CCC	County Hartond.	Registration Dist. No. 185
shor of O	Village or City Have de Grace.	No. St., Ward
. rn	(If Length of residence in clly or town where deeth occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
Every CIANS tement	2. FULL NAME GLORA CAM	
- H =	(a) Residence: No. Rogedale. Zud	, St., Ward. (20t, Co
ECORD PHYS	(Usual place of abode)	If nonresident give city or town and State
ECC Fact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ENT R. TLY. ed. Ex	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
A C ssift	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from, 19, to
	6. DATE OF BIRTH (month, dey, end year) Sept. 17 - 1906	I last saw h alive on, 19; death is said
P1 - 10	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
IS A I stated proper	27- 9 4 /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
HIS be be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
should it may n back	9. Industry or business in which work wes done, es SILK MILL, Plating Lo,	
INK. she she it it it on b	10. Date deceesed last worked at	
	this occupation (month end spent in this occupation occupation	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Paltinove (State or country)	Other Contributory Causes of importance:
FA lied ms,		
D = 2 0	H / CON COURT	
	(State or country)	Name of operation Dete of
	15. MAIDEN NAME war garet ()	What test confirmed diegnosis? Wes there an autopsy?
INLY, WI be carefu EATH in I		23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide: Auto Date of injury 77 19 3×
ATT.	State or country)	Where did Injury occur?
ADDY	17. INFORMANT Plantes M. ady, (Address)/30/5.8. Monument & Bar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
shous of or is ver	18. BURIAL, CREMATION, OR REMOVAL Corrainegler.	Manner of Injury
	Place Dullium Date July 10, 1934	Nature of Injury
WRITI mation i CAUSE TION is	19. UNDERTAKER Student Books (Addiess) 24.3 J. 8. Oliver St. Books	24. Was disease or injury In any wey related to occupation of deceased?
. ( i )	20. FILED July 9 1934 Charles V. Folis N. S.	(Signed) AJ, JV MOON (C) M.O.
Z	Registrar,	(Andress) Hours de Gra Cor
CHA	If more blanks are needed, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributes of the Contribute of the Contr			
Other contributory causes a important		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND	CERTIFICATE OF REATH 07497
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Starford	Registration Dist. No.
Village or City Mear Cherdeen	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ames Madison Gr	mstrong.
(a) Residence: No.) aberduen	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Mogth) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Lery MITE of Della Buch Grantony	22. I HEREBY CERTIFY, That I attanded deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than	I last saw h; death is said
1 day,hrs.	to have occurred on the date stated above, at
8. Trada, profassion, or particular kind of work done, as SPINNER, Aduling Control of SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last workad at the state of this occupation (month and 1914).  11. Total time (years) spent in this, occupation 1914	Cheosopieke Berg when  Le fell sed of purall tout  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  13. NAME (	Nama of operation
15. MAIOEN NAME Bulah Britman  16. BIRTHPLACE (city or town) Harford & Continuous (State or country)  17. INFORMANT Mu Campyor Constroy  (Address)	23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Whera did injury occur?  (Specify city or town, coupty and State)  Spacify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Smith Chaple Date ling 3, 1934	Mannar of Injury
19. UNDERTAKER Serving Jarring Horris (Addrass) Jakondung Mid	24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signad)
Registrar.	(Address) aberfels hed they coroner

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11	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR F	FURTHER STATEMEN	S BY	PHYSICIAN
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certificate.

-	PLACE OF				THEFT	3
County Harford Village or City Havre de Grace						Registration Dist. No. 185
			_		(1	No. St.,  death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos.
2	FULL NA	MEStill	born			
		ce: No.		(Usual place		St., Ward.  If nonresident give city or town and State
_		AL AND STAT		PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	Male	4. COLOR OR RACE		INGLE, MAR R DIVORCEI Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  July 25, 193 4  (Month) (Day) (Ye
5a.	f married, widow HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, That I attended deceased
		month, day, and year)	Jul	y 25,	1934	, 19, to, 19, 19, 19, 19, 19, 19, death
7. A	GE Yea	rs Month	s	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ON	8. Trade, profes kind of w SAWYFR	sion, or particuler ork dona, as SPINNER BOOKKEEPER, etc	,			STILLBORN Date of
OCCUPATION	9. Industry of 1 work was	ousiness in which dona, as SILK MILL, L, BANK, etc			***************	
000	10. Data decease this occup	d last worked et ation (month and		11. Totai ti spen occu	me (yaers) It in this	
12.	BIRTHPLACE (cit (Stata or coun	y or town)Ha	VY-	le Gr	ace	Other Contributory Causes of Importance:
ER	13. NAME	William	Bul:	lock		
FATHER	14. BIRTHPLACE (State or	(city of town)	llino	ois		Nama of operation Date of
T X	15. MAIDEN NAM	ME Franci	s Mor	ık	1000	What test confirmed diagnosis? Was there an autopsy?
MOTHER	16. BIRTHPLACE (State or	(city or town)P	erryn		Md.	Accident, suicide, or homicide?
17. INFORMANT(Address)						(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
10		on, or removal	ecoal	Jul	y 25, 1934	Manner of injury
19. UNDERTAKER See other pill (Address)				el		24. Was disease or injury in any way related to occupation of deceased?
20. FILED						(Address) 5. J. 24. Clair Sh.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A DE SIN	
Other contributory causes of importance:		Other contributory causes of importance:	(18
Gallstones	May 1,1923	Gastroenteritis	1 year
		100	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The family has moved to heastungton and what tunder taken (question 19) if any super law super has midelaken here regular have bear tuned the Child without a lestification of to dear

of OCCUPA-

Exact statement

be properly classified.

of certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

BINDING	PERMANENT	EXACTLY
FUR	IS A	stated
ESERVED	INK-THIS	E should be
ARGIN KESERVED FOR BINDING	UNFADING	supplied. AG
1	INLY, WITH	be carefully
, Mo. 1	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY
	1	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	47)
County Harford Ce	Registration Dist. No. 182
Village or City New Yorest Hell Mich	ND. St., Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4-2-yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many Calheren Ga	in
(a) Residence: No. nest Fourt Hell	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Manual	(Month) (Day) (Year)
/5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Marchen barn	Mong 30 1933, to July 13, 1934
6. DATE OF BIRTH (month, day, and year) Seft 9-1868	I last saw hand alive on July 11.3 1 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 3 45 affn.
6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Tulmonary Carring Date of oneet
kind of work done, as SPINNER, American wife	X
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	//
SAW MILL, BANK, etc	
O this occupation (month and spant in this year) occupation	
11 / 10 h.	Other Coutributory Causes of importance:
12, BIRTHPLACE (city or town) Varyout College (State or country)	
I 1-	
[ 14. BIRTHPLACE (city by town) ] [ 14. BIRTHPLACE (city by town) ]	Name of operation
15. MAIDEN NAME Mr. Th. Co Agan St	What test confirmed diagnosis?
THE STATE OF THE S	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
matthewet.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Product, in Home, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It I grate men Date may 7, 1934	Nature of injury
19. UNDERTAKER Deary of Foster (Address) Bilain Mo.	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED July 16, 1934 Virginia Chambers Registrar.	(Signed) 6. Arthur M. D.  (Address) Cardf Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Charles of the Control of the Contro	

SIAIL	OF MARTLAND	CERTIFICATE OF DEATH (17201)
1. PLACE OF DEATH		(126-0)
County 14	C STRIN CORPORATS LIMITS	Registration Dist. No. 185
Village or City Have	a Live	No. Haskerap - St. Wa
	, (1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	ere deeth occurredyrsmo	s. 27 ds. How long In U.S. if ot foreign birth?yrsmos
2. FULL NAME Mesa	Dereka Can	all
(a) Residence: No. How	u de Line	NSt., Ward.
PERSONAL AND CTATIC	(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
funde tome	Sungle -	(Month) (Day) (Year)
ia. It married, widowed, or divorced HUSBAND ot		22 1 1 5 2 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(or) WIFE ot		22. HEREBY CHRTIFY, That I attended deleased f
	6 14 31 15 15	193 4 to 193 193
DATE OF BtRTH (month, day, and year)  AGE Years Months	Days If LESS than	lagf saw h live on 1934; death is
85 - 10	1 day bre	To have occurred on the data stated above, at
	26 ormin.	ware as tollows:
8. Trade, protession, or particular kind ot work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	The Good	h
SAWYER, BOOKKEEPER, etc	WALL TO THE	Cararoe oftwolion
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		
kind ot work dona, as SPINNER, SAWYER, BOOKKEPER, etc	11. Totel time (years)	she fell, in her home, about three years
this occupation (month end	11. Totel time (years) spant in this occupation	previous to her death, facturing for him
Po	0 - 0	Other Contributory Causes of Importence:
2. BIRTHPLACE (city or town) (Stala ar country)	P	Thurst Debilly
1 0 0	0	Hereline of Left Mark
13. NAME Jole Co.	6 arrill	occurs 03/yemp10
14. BIRTHPLACE (cily or town)	langlored,	Name of operation
(State or country)		What test confirmed diegnosis?
15. MAIDEN NAME Sara	h Nata	23. It death was due to external causes (VIOLENCE) fill in also the tollowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or appetry)	riladel phia	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Pai	Where did Injury occur?
7. INFORMANT Mrs. &		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	de Le aco	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.
B. BURIAL, CREMATION, OR REMOVAL	1 1	Manner of injury
Place Wesleyon Chops	L Date July 28, 19 3 4	- Nature of Injury
HADEDTAKED Sterry To	7 0 1	
9. UNDERTAKER AND CALL	ming dams	24. Was disease or Injury in any way ralated to occupation of deceased?
(Audiess)	constitution of	If so, specify
0. FILED July 37, 1934 OK	veleof Toley, mis.	(Signed)
0 1	Registrar.	(Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MOSVISOR AND	
Other contributory causes of importance:	300	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07201
	County Harbord	Registration Dist. No. 185
	Village or City Have de Luce	No. St. Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	U	ds. How long In U.S. if of foreign birth?yrsds
-	2. FULL NAME Though the first	
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWSD, OR DIVORCED (write the word) Wall golden Windows Colored Warried.	21. DATE OF DEATH (Month) (Day) (Year)
5a.	1 Harried, widowed, or divorced HUSBAND of Gabella Jackson Centre.	22. A32 HEREBY CERTIFY. That Lattended expased from 1931, to 19419 197
6.	DATE OF BIRTH (month, day, and year) Nov. 12 - 1874.	I last saw him alive on suly 101, 193 f. death is said
7.	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 9 m.
	6/ 8 ormin.	The PRINCIPAL CAUSE OF DEATH and retitad ceuses of importance were as follows:
S	Lieda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ben bee
OCCUPAT	9. Industry or business in which work was done, as SILK MILL,	The state of the s
2	SAW MILL, BANK, atc	Demoissors
ŏ	10. Date decaased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12.	BIRTHPLACE (city or town) Have de Grace (State or country)	Other Contributory Causes of importance:
HER	13. NAME Streetong Cartie.	Melo Schools
FAIH	14. BIRTHPLACE (city or town) Havingde Grace.	Name of operation Date of
	(State or country) maryland.	What test confirmed diagnosis? Was there an aulopsy?
MOIHER	15. MAIDEN NAME Josephying arustrong	23. If daeth was due to axtarnal causes (VIOL ENCE) fill in also tha following:
5	16. BIRTHPLACE (city or town) Thave de Grace	Accidant, sulcide, or homicide? Date of injury
-	(State or country) rusryland.	Whare did Injury occur? (Specify city or town, county and State)
	(Addrass) Have de Estace, Med.	Spacify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
_	Place St. James Line Date July 22 -, 1934.	Nature of Injury
19.	UNDERTAKER Semmy Conflow.	24. Was disaasa or injury In any way related to occupation of daceasad?
	(Address) Have deflarace. wa.	If so, specify
20.	FILEO July 20, 1934 Clarke J. Sally S. S. Registrar.	(Signed) Address) Standard Draw fund
	If more blanks are needed, dadress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	7/1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	!		

certificate.

See instructions on back of

TION is very important.

N. B.-WRITE PLAINLY, WITH

STATE OF	MARYLAND—CERTIFICATE OF DEATH	()

	-CERTIFICATE OF DEATH 07202
1. PLACE OF DEATH	7
County Conformation Courses	Registration Dist. No. 185
Village or City Moure de Trale,	No. St., Ward
Langth of rasidance in city or town whare death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles P Elli	11
(a) Residence: No.	Ct Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writishe word)  Wale  4. COLOR OR RACE OR DIVORCED (writishe word)	21. DATE OF DEATH 16 1937
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. Thet hattended deceased from
1.2/47 1.011	18 19 10 16 , 19 3 7
6. DATE OF BIRTH (month, day, and year) 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Mast sew hard alive on 10.39; deeth is said
1 day,hrs	to have occurred on the data stated abova, at
8 Trade profession or particular	ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at 1f. Total time (yaars)	Measte + Frances
9. Industry or business in which	R
work was done, as SILK MILL, SAW MILL, BANK, atc.	neumonia.
Spellt III tills	
year) occupation occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) are the trule.  (State or country)	
14. BIRTHPLACE (city onlown) Rock Rend 1	
4. BIRTHPLACE (city of own) (State or country)	Neme of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 4
E 700000	23. If death wes due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
OB 4 O 1. Att	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Hours to Suraco mid.	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Roll Runfembale July 18, 1934	Nature of Injury
19. UNDERTAKER Personning from Joury (Address)	24. Was disease or injury In any way releted to occupation of deceased?
20. FILE July 18 , 1934 Charles & Faley M. D. Registrar.	(Signed) A Quye M. D.  (Addrass) Hann In Frace M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V. S			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2.	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
003	authorisation of date of buth see buth continent	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 07203
1. PLACE OF DEATH	(94°E)
County Harford	Registration Dist. No. 182
Village or City Bellin Mid	No. St., Ward
10	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME & Edward Ely	
(a) Residence: No. Belan ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Sarah Eliz Ely	22. I HEREBY CERTIFY, That t attended deceased from 1930, to July 1 1934
6. DATE OF BIRTH (month, day, and year) MN14- 1854	t tast saw h_1m alive on July 1st, 1934; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at
79 7 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8 Trade profession or particular	Arterio Sclerosis Date of onset
SAWYER, BOOKKEEPER, etc.	Two All a gr
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
Note that this occupation (month and years)  Shakind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and years) spent in this occupation.	
12. BIRTHPLACE (city or town) Harford bo	Other Contributory Causes of Importanca: Coronary Embolism
(State or country)	
13. NAME John Ely.	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hannah Jucher  16. BIRTHPLACE (city or town) Hanford Cor	23. If death was due to external causes (VIOLENCE) fill In also tha following:
0 16. BIRTHPLACE (city or town) Harford Cor	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Leula B. Boyle (Address) Belanforn a	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa MA Zem Oata July 4, 1934	Nature of Injury.
19. UNDERTAKER Dean V Joshn	24. Was diseasa or Injury in any way related to occupation of deceased?
(Address) Bulan ma	tf so, specify
20. FILED July 20, 19 34 My ma Chambers.	(Signed) (Address) Bol Air, Haryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI should Registration Dist. No. Village or City ettended decaased from If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
915	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Peritonitis	3 days ago
1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
9	921	Run over by street car 7,1927 Peritonitis  Other contributory causes of importance:

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	IS9
or of occ	County Narford	Registration Dist. No. 185
O   F &	Village or City There de Grae	e No. Traspetal St., Ward
- / · · ·		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?
CIA	2. FULL NAME Mot Married	Albert Infant
RD. Every YSICIANS	(a) Residence: No.	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
_ H_	Male white OR DIVORCED (write the word)	Vuly 23 193#
G ENT	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
BINDING PERMANEN EXACTI y classified.	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
ND RMA X A class	1	July 23 18 1 to July 23 , 1934
	6. DATE OF BIRTH (month, day, and year) Kuly 23, 1934.	I last aw he time alive on fully 23 , 1907; death is said
FOR BI IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
FOR IS A stated proper	ormin.	The PRINCIPAL CAUSE OF DEATH and related codes of Importance were as follows:
20	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
TED THIS I Pe	SAWYER, BOOKKEEPER, etc	J
ERVI NK-T should it may n back	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Valuature
E S S H H	U 10. Data deceased last worked at this occupation (month and spant in this	
RES I	this occupation (month and spant in this occupation	
	12. BIRTHPLACE (city or town) Vaire de Grace	Other Contributory Causes of importance:
RGIN NFADII plied. rms, so	(State ar country) / Onl.	Dolawined (och ampaix)
ARG NFA upplied terms,	13. NAME Warrens Geleson	7
2 2 2 0	13. NAME Warren Subson  14. BIRTHPLACE (city or town) alvert	Name of operation Date of
Sair	(State of country)	What tast confirmad diagnosis? Was there an autopsy?
WIT efull in pl	15. MAIDEN NAME PLANS CUMBERSON	23. If death was due to external causes (VIOLENCE) fill In also the following:
L	16. BIRTHPLACE (city or town) Aunwherville	Accident, suicide, or homicida? Date of injury, 19,
INLY, be can EATH import	(Stata or country)	Where did injury occur?
	17. INFORMANT Farrew A. Libroa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA hould OF D	(Address) Rattingham, Ga.	
FE sh E O E O E o is v	18. BURIAL, CREMATION, OR REMOVAL Place Trilledo Blue: Data July 231934	Manner of Injury
WRITE ation s AUSE ION is	Place Millio Bille. Data July 731934	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER Itarien A. Takeon	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Naturaham, Pa	If so, specify
89	20. FILED July 23, 1934 Charles & Soly Bis	(Signed)
2 4	Registrar.	(Address) Fort of Epocity ! Ha
	If more blanks are needed, addre & State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	0	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER STATEMENT	S BY PHYSICIAN
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CAUSE OF DEATH in plain terms,

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Exact statement

item of inforof OCCUPAplnods

	STATE (	OF MARYLAND-	CERTIFICATE (	OF DEATH 07206
1. PLACE County			(210-m)	Registration Dist. No. 183182
2. FULL N	esidence In city or town where  AME George	death occurredyrs,mo	sds. How long in U.S. if of	St., Ward ion, give its NAME instead of street and number)  f foreign birth? yrs. mos. ds.
(a) Resid	ence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town and State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CE	ERTIFICATE OF DEATH
sex	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month) (Day) , 193 4. (Ver)
. If married, wid HUSBAND of	owed, or divorced & br	ey	22. I HEREBY	CERTIFY. That I attended deceased from

3. 5a (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 10 Months If LESS than 8 Days 7. AGE to have occurred on the dete steted above, at 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this ocaupation ... Other Coutributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State)
INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injur Nature of injur 24. Was disease or injury In any wey related to occupation of 19. UNDERTAKER (Address) If so, specify rown Registrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1005	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	Many, 1925	Other contributory causes of importance:  Gashantevitis	1 year

Date, cause and hour of death a	dded in accordance with statement of Dr.
T. A. Callahan, Health Officer,	dded in accordance with statement of Dr. in letter filed July 20, 1934 I.

of OCCUPA.

# STATE OF MARYI AND-CERTIFICATE OF DEATH

	5.00	63	-	100
п	1	Z	:1	1
U	- W	A.	V	

1. PLACE OF DEATH	(2:)
County Harford	Registration Dist. No. / 8
Village or City Alerdeen	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Hattie Han	eris
(a) Residence: No.   Alerdien	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (water the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) www. 18-1904	I last the hand alive on July 10, 19 2 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 12 45 45 m.
30 / ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	(1) D 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	The monany Juliventuras Chay of
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 1D. Date deceased lest worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Daltmin Cor-	Other Contributory Causes of importance:
(State or country)	
13. NAME Sency Harris	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Zwo
I 15. MAIDEN NAME CAROLI CAROLI	23. If daeth wes due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M. I CAUCH GROBER Med	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place More M. S. Compose July 200, 1934	Nature of injury
19. UNDERTAKER Alary January Stores. (Address)	24. Was disaase or Injury in any way related to occupation of deceased? 24.  If so, spacify
722 pulle male	(Signed) ( and A Award M. D.
20. FILED - 3 - 1994 V Registrar.	(Address) 559 Stellan St. Anna le Gag.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1		RGIN RESERVED FOR BINDING	D FOR B	INDING		)
N. B	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	H UNFADING INK-TH	IS IS A PI	GRMANENT R	ECORD. Every	item of infor-
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	supplied. AGE should b	e stated I	SXACTLY.	PHYSICIANS	should state
(	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in terms, so that it may b	e properly	classified. E	xact statement	of OCCUPA-
D	TION is very important. See instructions on back of certificate.	See instructions on back o	f certificate			

STATE OF MARYLAND	CERTIFICATE OF DEATH 07208
1. PLACE OF DEATH	(31)
County Adjana	Registration Dist. No. 182
Village or City / Less and	No. St., Ward
(If Length of residence in city of town where death occurred 22 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)
Annala X	The second of th
2. FULL NAME DOUGH GAMMY	newar
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH JULY 3/
genuit car misanily	(Monyh) (Day) (Year)
5a. If married, widowed, or divorced  WESTER ST.  (or) WIFE of	22./ / I HEREBY CERTIFY, That I ettended deceased from
James Laward Newst	July 22 1934, to July 27 1934
6. DATE OF BIRTH (month, day, and year) January 26, 1867	Viast sawher alive on July 27, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:30 A.m.
67 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	blateriasclerasis, Date of onset
kind of work done, as SPINNER,   daustwork   SAWYER, BOOKKEEPER, etc.	Yeuronic musiarditis
9. Industry or business in which work was done, as SILK MILL,	and musicardial bleseneraly 1930
SAW MILL, BANK, etc.	
10. Data deceased lest worked et this occupation (menth and 5 432 spent in this occupation occupation)	V
Pan Q occupation O	Other Contributory Causes of implicance!
12. BIRTHPLACE (city or town)	Censour persones.
(State or country) Maryland	( Seeriday, ).
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Salus af Moore 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CADDEN C. AGENTE	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Tople Mall Date M. 2 , 1934	Nature of injury
Walter Martin March 1	24. Was disease or injury In eny way related to occupation of deceased?
19. UNDERTAKER CAUTE AUTON AND CARREST (Address)	If so, specify
247/11: 200/200	(Signed) augusta Aflasan M. D.
20. FILED aug / 1934 urgana Cantels. Registrar.	(Address) / Park, Ma,
If more blanks are needed, address State Reciptorar	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

07299

1. PLACE OF DEATH	(95-2)
County Harry	Registration Dist. No. 180
Village or City Joppa	No. St Ward
(If Length of residence in city or town where death occurred 14 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME My mary Priscilla H	hleris
(a) Residence: No. John	Ct Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of  Thomas H. Hopkins	22. I HEREBY CERTIFY, That I attended deceased from 6-26 1934 to 7-4 1934
6. DATE OF BIRTH (month, dey, and year) March 26, 1874	I last saw h-sa alive on 7-4 ,19-34; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 6:30 pm.
60 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	OHypertensive Hear disease short you
SAWYER, BOOKKEPER, etc	artered felevote losio
S. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and specific month) and specific this country in this country in this country in the specific month and specific month	3 Thromboas at comord artery 7-1
2 Spell III (III)	4 Cerebrottionbois of embolis 7-3
year) occupation occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town)	Termine pipeling - Cause!
W 13. NAME Louis Brown	\$01. 7M.
14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
(State of country)	What test confirmed diagnosis? Climair Was there an autopsy?
15. MAIDEN NAME Mary Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME May Brown  16. BIRTHPLACE (city or town) Blackte mod  (Stele or country)	Accidant, suicida, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OF COLOR STORY	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Mal 4-7 34	Manner of Injury
Placed DNO Straller Date 1 1937	Natura of Injury
19. UNDERTAKER HAAnces A. Henrylly	24. Was disease or Injury In any way related to occupation of deceased? No
(Address) 5 7 8 mondale 85	(Slenad) Fred O. Hodous
20. FILED 1954 la Stany Milles on	(Signad) + red O. Hodows M. D.  (Address) Edglurd md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	1 week ago
Run over by street car	
	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
G	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Harford	Registration Dist, No. 184
Village or City Cardiff	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
PTIA	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME / alrua q, fen	nuss
(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 2/ 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 25. 1934	Mest saw her aliva on 20, 1934 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, a 2.3 0 4 m.
26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	(Spins Bolian Decella) Bitt
9. Moustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Oate dacaased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Cardiff Md	Other Contributory Causes of importence:
(State or country)	18 almshilson 10days
13. NAME Hampton Jenness	
13. NAME Hamplon Jenness  14. BIRTHPLACE (city or town) Prainty Sun Ma	Nama of operation
(State or country)	What tast confirmed diagnosis? Americal Was there an autopsy?
15. MAIDEN NAME Christine Whith.	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Caralys Md	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAS HILLO.  (Address) Carality Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Harmon of International
Place Stote ridge Date July 2279 34	Natura of injury
19. UNDERTAKER Hubert & Holkins (Address)	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED July 22, 1934 ) J. J. Mchalb Registrar.	(Signed) Assigned M. D.  (Address) Seller Aug.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		- 1	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECENE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I ANG 6 BUT	July 5,1927	Peritonitis	3 days ago
	PUREAU			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

NT NT DA	TATE OF THE A THE	MINISTER PROPERTY OF PRINCIPLE
-WRITE PLAINLY, WITH EAFADING INK-THIS IS A PERMANENT RECORD.	INK-THI	S IS A PERMANENT RECORD.
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	AGE should b	stated EXACTLY. PHYSI
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	that it may b	properly classified. Exact sta
TION is very important. See instructions on back of certificate.	ons on back o	certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07211
. / 0	184
County Harfand	Registration Dist. No.
Village or City Planting Lane	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alanthy Elizabeth 1.	Lendy
(a) Residence: No.	St./ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year).
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended deceased from 19.3 4.
6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than  1 day, 9hrs.  ormin.	I last saw h alive on said to have occurred on the date stated above, et m.
8 Trade profession or particular	1- Promoder Land
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceesed last worked at this occupation (month end year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Rather Hallace	Other Contributory Causes of Importanca:
EL 13. NAME ROLL Challes	
E 21 0 1 0 3 1	Name of operation Dete of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Rose La Rue	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Prom. Asaly. (Address)	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Nosammelesslipete July b , 1934	Natura of Injury
19. UNDERTAKER - N. S. Bailing The Made	24. Was disaese or injury in eny way ralated to occupation of deceased?
20. FILEDJULY 6, 1934 MM M. Kirk.	(Signed) M. D.  (Addrass) O Supply M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I.		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUDEAU V. S.	July 5, 1927	Peritonitis	3 days ago
		- wheel		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

11.	Tota	pent i	e (yea in thi ition .	irs) s	
	7		*		
	1	2	lo	×	,

If LESS than

1 day ....hrs. or\_\_\_\_min.

Found Grove

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Othar Contributory Causes of importance

21. DATE OF DEATH

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Dete of injury ...... 19\_\_ Where did injury occur?\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was disease or injury in any way related to occupation of dacaased?

If so, specify

OCCUPA. should PHYSICIANS statement RECORD. Exact BINDING

1. PLACE OF DEATH

5a. If married, widowad, or divorced

6. DATE OF BIRTH (month, day, and year)

8. Trade, profassion, or particular

9/Industry or business in which

10. Date deceasad last worked et

14. BIRTHPKACE (city or town) (State or country)

16, BIRTHPLACE (city or town) (State or country

18. BURIAL CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State ar country)

15. MAIOEN NAME

(Addrass)

13. NAME

17. INFORMANT

kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc ....

work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

Years

HUSBAND of

(or) WIFE of

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

very

CAUSE LION Length of rasidence in city or town where death occurred

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Months

classified. H certificate properly be may plnous so that should be carefully supplied. in plain terms, See important. OF DEATH

FOR

RESERVED

RGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

Exact statement of OCCUPA-

WRGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R. mation should be carcfully supplied. AGE should be stated EXACTLY.  CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly in portant. See instructions on back of certificate.
N'RGIN B	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly can represent the capacity of the continuous or pack of certificate.
V. S. No. 1	N. B.—WRITE PL. mation shoul CAUSE OF 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 07213
1. PLACE OF DEATH	82:00
County Harfard "ITMIN CORPORATAL	Registration Dist. No. 185
Village or City Favrede Grace Mis	No. S 49 () Ward St., Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME ISSESSAINCE ///- UE	24
(a) Residence: No. 8 49 antario	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 10 1934
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBANO of Cor WIFE of Juseph Logan M- Vey	1 HEREBY CERTIFY That I etlended deceased from
6. DATE OF BIRTH (month, day, end year) July 9.51854	1 Last saw her elive on feeling 10 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 89.m.
80 / f day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occuration (month) and the second in this community in the second i	Verlegi Holermi L
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Exated Hemorhan
10. Oate deceased last worked at this occupation (month and May 1930 spent in this 60 occupation	
Man da	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Tarfortho	
	- Cx / www.
f4. BIRTHPLACE (city of town) Tarford Co	Name of operation Dete of
(State of country)	Whet test confirmed diegnosis? Success. Was there an europsy? Ap.
fs. MAIDEN NAME 6 legaleth Brannan  16. BIRTHPLACE (city or town) - Lanford Co	23. If death wes due to externel causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Tanforde	Accident, suicide, or homicide?Date of Injury, 19
Steteror country)	Where did injury occur?
17. INFORMANT h Joseph Talhan Men	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAK // 10 Cent	Manual Language Control of the Contr
Place Small / Velloate July 13/19 34	Menner of injury
19. UNDERTAKEN I Madreon Mitchell	24. Wes disease or Injury In any way related to occupation of deceased? 40
(Addiess) I tavu de Brace Mod.	If so, specify
20. FILEO July 11, 1934 Charles & Haly, M.D. Registrar.	(Signed) to Alleway M. D. (Address) Hay of Grand Man
4 //	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DIRECTOR V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

	CERTIFICATE OF DEATH 07214
1. PLACE OF DEATH	(53)
County Harford ATAM GOBPORATALIM	Registration Dist. No. 185
Village or City Hure de Grace,	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmbs	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Edua many to	le.
(a) Residence: No. 222-8 fracting factory	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 23 1934.
5a. If married, widowed, or divorced	(Mooth) (Dey) (Year)
(or) WIFE of welcom. Tyle	22. THEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, end year) Nov. 10 - 1962	Hast saw h elive on Jagger 123, 19 12; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 12715 m.
31 8 /2 fday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
9 Trade profession or setting	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et his securation (month end	Larcoma (Hands
SAW MILL, BANK, etc	al sucle.
Speut tu tuis	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) White for the state of the	Several Metasteris
(State or country)	
13. NAME John Fautour	
14. BIRTHPLACE (city or town) Unknown	Neme of operation American Sland Date of
(Steep of Country)	What test confirmed diagnosis? Autrese Was there an eutopsy? Iwo
15. MAIDEN NAME Margaret Cauther.  16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
E (State or country) Maryland.	Where did injury occur?
17. INFORMANT William T. Pyle. (Address) Hand de Grae Mud.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dell' Creek Lewbate July 26, 1934.	Neture of injury
19. UNDERTAKER Jemmatur Jou.	24. Wes disease or injury in eny way releted to occupetion of deceesed?
(Address) dane de Grace. nid,	If so, specify
20. FILED July 35, 1934 Charles V. Tales n. J.	(Signed) hash I toly M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II BUKEA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-	5	ESTATE SERVICE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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The principal cause of death and related causes Date of onset of importance were as follows:				Example II	
			Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ALC: K	1074	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	3		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	BUREAU	V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

ä

certificate.

	CERTIFICATE OF DEATH 07217
1. PLACE OF DEATH	(38)
County Harport	Registration Dist. No. 185
Village or City Shave de Lane propotal	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Probable A. Schobiels	now long in 0.3.11 of foreign bitting
(a) Residence: No. Suryman (Usual Glace of a bode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 4
no l mal of OR DIVORCED (write the word)	July 28 1934
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF Edith michael Schopiels	22. HEREBY CERTIFY. Thet i ettended deceased from
6. DATE OF BIRTH (month, day, and year) Seeler 5- 1889	Clast saw h. maliva on Inc. 28 1934 deeth is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 10 4 m.
45 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Trade profession or pasticular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Labour Labour	anta Nextratio-
SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceesad last worked at July 11. Total time (years) this pocupation (month and	Coppersion-Cleaning
10. Date dacesad last worked at this occupation (month and 1954 spent in this 2 7 722 occupation 2 7 722	our muc)
12. BIRTHPLACE (city or town) Baltimory Co	Other Coutributory Causes of Importance:
(State or couptry) Maryland	
13. NAME Saac A. Schofield.	
13. NAME Saac A. Schafield  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Carry G. 15 USSELL	23. If death was due to externat causes (VIOLENCE) fill In also the following:
State or country)  16. BIRTHPLACE (city or town)  What land	Accidant, suicide, or homicide?
17. INFORMANT H. H. Schopield (Address) abordeen Hod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Splanlea rest Deta July 31, 1984	Nature of injury
19. UNDERTAKER Genry January Jones (Address) Cheroken Jud	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 30, 184 Chara J. Toly m.D. Registrar.	(Signed) Allower M. 9.  (Address) Ammunica M. 9.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WINE S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

S. No.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	•	
	Other contributory causes of importance:	DIETHIE
May 1,1923	Gastroenteritis	1 year
	31.34 3 T.	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:  May 1,1923 Gastroenteritis